0.781–0.994. Factor scores were compared across self-reported degree of impact. For discriminate validity, the staff placed each consumer into one of 4 quartiles to describe their perception of the consumer's ability to function in each factor area. Consumer factor scores then were compared to staff-reported functional levels. **RESULTS:** For all factors, consumer factor scores progressively lowered as consumers felt the condition had more negative impact on their lives ($P < 0.001$). For all factors but medication effects, consumer factor scores improved with improving staff-perceived assessment of consumer functionality ($P < 0.001$). Consumer scores from the lowest to the highest assigned quartile had average scores of 42.7%, 49.3%, 54.7%, and 60.0%, respectively. 92% of consumers considered the survey useful, 92% of staff considered the survey valuable for monitoring consumer progress. **CONCLUSION:** We have established concurrent and discriminatory validity for the SOAP-51 which can be used as an outcomes measure in patient monitoring and management, and health policy decision making.

Q2

PATIENT PREFERENCES FOR TREATMENT OUTCOMES IN DISABLING TREMOR

Leidy NK[1], Palmer C[1], Coughlin C[2], Halpern M[1], Charles D[3]
[1]MEDTAP International, Bethesda, MD, USA; [2]Ingenix, Eden Prairie, MN, USA; [3]Vanderbilt University, Nashville, TN, USA

OBJECTIVES: One of the most disconcerting symptoms associated with Parkinson's disease (PD) and essential tremor (ET) is disabling tremor. Treatment options for this problem include low-risk pharmacologic therapy, with generally poor effectiveness and unfavorable side effects, or higher risk surgical interventions such as thalamotomy. We describe the health-related quality of life (HRQL) of patients with disabling tremor and assess their preferences for treatment outcomes in the form of utilities. **METHODS:** The MOS Short-Form 36 (SF-36) was used to characterize the patients' HRQL. Standard gamble (SG) and visual analog scale (VAS) approaches were used to determine patient preferences among 12 PD and 9 ET health state descriptions. Data on patients' appraisal of their current health state were also correlated with indicators of functional disability (Schwab & England) and HRQL (SF-36) using Spearman's Rho (ρ). **RESULTS:** Sixty-two patients, 31 tremor-dominant PD and 31 ET, participated in the study. Mean age of the sample was 65 years; 65% (n = 40) were male. PD and ET patients assigned the lowest mean SG health utilities to the health state description for a thalamotomy with partial or no improvement and permanent cognitive impairment (mean ± standard deviation: PD: 0.56 ± 0.25 and ET: 0.49 ± 0.27). The highest mean utilities were assigned to thalamotomy with full improvement and no permanent impairment (PD: 0.95 ± 0.02 and ET: 0.90 ± 0.18). Current health state SG utilities were highly correlated with indicators of disability and HRQL (ρ = 0.35 to 0.64). **CONCLUSIONS:** Results suggest these patients are relatively risk averse. Subjects preferred disability associated with tremor over disability associated with cognitive or speech impairment that can occur with thalamotomy. The greatest patient-to-patient variability was found in the least desirable health states.

Q3

HEALTH-RELATED QUALITY OF LIFE (HRQOL) IN AFRICAN AMERICAN MEN WITH PROSTATE CANCER: DATA FROM CaPSURE

Lubeck DP[1], Grossfeld G[1], Ray P[2], Flanders SC[3], Carroll PR[1]
[1]Department of Urology, University of California, San Francisco, CA, USA; [2]Cook County Hospital, Chicago, IL, USA; [3]TAP Holdings, Deerfield, IL, USA

OBJECTIVES: To compare clinical characteristics, treatment choices, sociodemographic features, baseline and follow-up HRQOL of African American (AA) and Caucasian men with prostate cancer. **METHODS:** 1178 newly diagnosed patients (82% Caucasian, 12% AA) from the CaPSURE database (a national database of patients with prostate cancer) were studied. Baseline cancer stage, grade, PSA, comorbidity, treatment selection and baseline and post-treatment HRQOL were assessed using the SF-36 and the UCLA Prostate Cancer Index. The impact of ethnicity on these outcomes was determined. **RESULTS:** Significant differences ($P < 0.001$) were noted between ethnic groups. AA men were younger, less educated and had lower income than Caucasians. AA men were more likely to have high-stage (i.e. N+ or M+) (10% vs. 1%) disease and higher pretreatment PSA (12.7 ng/ml vs. 7.5 ng/ml). AA men were more commonly treated with androgen deprivation (37% vs. 26%). Clinically and statistically significant ($\Delta \geq 7$, $P < 0.001$) differences in baseline HRQOL were noted in AA men who had poorer: General Health, Physical Function, Bodily Pain, Role Emotional Function, Sexual Bother, Self Esteem, and Health Distress. While both groups improve in HRQOL 18 months after treatment, AA had worse outcome in several domains: Bodily Pain, Self Esteem, Health Distress, Physical Function, General Health, Role Emotional, Urine Function and Bother, Bowel Function and Bother. Differences were statistically and clinically significant. **CONCLUSIONS:** Significant differences exist in baseline clinical presentation, sociodemographics, and general HRQOL between AA and Caucasian men with prostate cancer. These differences remain after treatment. Interventions, which might reduce these differences, need to be developed.

Q4

MINIMUM MEANINGFUL DIFFERENCE SCORES FOR THE IRRITABLE BOWEL SYNDROME QUALITY OF LIFE QUESTIONNAIRE (IBSQOL)

Watson ME
Glaxo Wellcome, Research Triangle Park, NC, USA